

STANDARD CERTIFICATE OF DEATH

State File No. **39786**

FILED JAN 3 1951

BIRTH NO.

REG. DIST. NO. 21PRIMARY REG. DIST. NO. 5100Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merwin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merwin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>Leddley</u> c. (Last) <u>Simpson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>AUG. 10, 1878</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Pittsfield Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.W. Wackerman</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Susan Irick</u>	14. NAME OF HUSBAND OR WIFE <u>Charles H. Simpson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Simpson, Merwin Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus 4 yrs</u> <u>Chronic Cardio Vascular Aneurysm</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Merwin Bates Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-12, 1950</u> , to <u>12-12, 1950</u> , that I last saw the deceased alive on <u>12-12, 1950</u> , and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. P. Colvin</u>		23b. ADDRESS <u>Box 2 Admair Mo.</u>	23c. DATE SIGNED <u>12-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Admair Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-14-50</u>	REGISTRAR'S SIGNATURE <u>L. A. Mangold</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grath & Siff</u>	
ADDRESS <u>Admair Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12/22/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-22-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Fred J. Leavath # 7543

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.